PLAN A

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$ 0	\$[736] (Part A deductible)
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:			
 While using 60 lifetime reserve days 	All but \$[368] a day	\$[368] a day	\$ 0
 Once lifetime reserve days are used: 			
 Additional 365 days 	\$ 0	100% of Medicare Eligible Expenses	\$ 0
 Beyond the Additional 365 days 	\$ 0	\$ 0	All costs
including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after:	All approved amounts All but \$[92] a day \$ 0	\$ 0 \$ 0 \$ 0	\$ 0 Up to \$[92] a day All costs
BLOOD			.
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
Additional amounts HOSPICE CARE Available as long as your doctor certifies you	All but very limited coinsurance for	\$0	\$0

 $\label{eq:plana} \mbox{PLAN A}$ $\mbox{MEDICARE}\left(\mbox{PART B}\right)$ - $\mbox{MEDICAL SERVICES}$ - $\mbox{PER CALENDAR YEAR}$

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE			
HOSPITAL AND OUTPATIENT HOSPITAL			
TREATMENT, such as Physician's services, inpatient			
and outpatient medical and surgical services and			
supplies, physical and speech therapy, diagnostic tests,			
durable medical equipment,			
First \$100 of Medicare-Approved Amounts	\$ 0	\$ 0	\$100 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$ 0
Part B Excess Charges (Above Medicare-	\$ 0	\$ 0	All costs
Approved Amounts)			
BLOOD			
First 3 pints	\$ 0	All Costs	\$ 0
Next \$100 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$100 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
CLINICAL LABORATORY SERVICES - BLOOD			
TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A & B		
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and			
medical supplies	100%	\$ 0	\$ 0
 Durable medical equipment 			
First \$100 of Medicare-Approved Amounts	\$ 0	\$ 0	\$100 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0

PLAN B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$[736] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:		*** ***	* 0
- While using 60 lifetime reserve days	All but \$[368] a day	\$[368] a day	\$ 0
- Once lifetime reserve days are used:	* •		* ~
- Additional 365 days	\$ 0	100% of Medicare Eligible Expenses	\$ 0
- Beyond the Additional 365 days	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[92] a day \$ 0	\$ 0 \$ 0 \$ 0	\$ 0 Up to \$[92] a day All costs
BLOOD	¢ 0	2	Φ.Ο.
First 3 pints Additional amounts	\$ 0 100%	3 pints \$ 0	\$ 0 \$ 0
Auditional alliquits	10070	φυ	φυ
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

PLAN B

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare-Approved Amounts)	\$ 0 Generally 80% \$ 0	\$ 0 Generally 20% \$ 0	\$100 (Part B Deductible) \$ 0 All costs
BLOOD			
First 3 pints	\$ 0	All Costs	\$ O
Next \$100 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$100 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
CLINICAL LABORATORY SERVICES - BLOOD			
TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ O
	PARTS A & B		
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and	1000/		Φ.Ο.
medical supplies	100%	\$ 0	\$ O
- Durable medical equipment			
First \$100 of Medicare-Approved Amounts	\$ 0	\$ 0	\$100 (Part B Deductible)
Amounts Remainder of Medicare-Approved	φU	ΦU	\$100 (Part B Deductible)
Amounts	80%	20%	\$ 0
Amounts	0070	2070	ΨΟ

PLAN C

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			_
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$[736] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:		***	
- While using 60 lifetime reserve days	All but \$[368] a day	\$[368] a day	\$ 0
 Once lifetime reserve days are used: 			
- Additional 365 days	\$ 0	100% of Medicare	\$ 0
	* •	Eligible Expenses	
 Beyond the Additional 365 days 	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[92] a day \$ 0	\$ 0 Up to \$[92] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD			
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

 $\label{eq:planc} \operatorname{PLANC}$ $\operatorname{MEDICARE}\left(\operatorname{PART}B\right) \text{ - MEDICAL SERVICES - PER CALENDAR YEAR}$

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare- Approved Amounts)	\$ 0 Generally 80% \$ 0	\$100 (Part B Deductible) Generally 20% \$ 0	\$ 0 \$ 0 All costs
BLOOD			
First 3 pints	\$ 0	All Costs	\$ 0
Next \$100 of Medicare-Approved Amounts*	\$ 0	\$100 (Part B Deductible)	\$ 0
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
CLINICAL LABORATORY SERVICES - BLOOD			
TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A & B		
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$ 0	\$ 0
First \$100 of Medicare-Approved Amounts	\$ 0	\$100 (Part B Deductible)	\$ 0
Remainder of Medicare-Approved			* •
Amounts	80%	20%	\$ 0

 $\label{eq:planc} \mbox{PLAN C}$ OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$ 0	\$0	\$250
Remainder of Charges	\$ 0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

 $\mbox{PLAN D} \label{eq:pland}$ $\mbox{MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD}$

^{*} A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$[736] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:			
 While using 60 lifetime reserve days 	All but \$[368] a day	\$[368] a day	\$ 0
 Once lifetime reserve days are used: 			
 Additional 365 days 	\$ 0	100% of Medicare	\$ 0
		Eligible Expenses	
 Beyond the Additional 365 days 	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[92] a day \$ 0	\$ 0 Up to \$[92] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD			
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

PLAN D

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare- Approved Amounts)	\$ 0 Generally 80% \$ 0	\$ 0 Generally 20% \$ 0	\$100 (Part B Deductible) \$ 0 All Costs
BLOOD	\$ 0	All Costs	\$ 0
First 3 pints Next \$100 of Medicare-Approved Amounts*	\$ 0 \$ 0	\$ 0	\$100 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
TESTS TONDERSON SERVICES	PARTS A & B	Ψ 0	Ψ 0
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and	100%	\$ 0	\$ 0
medical supplies - Durable medical equipment	100%	ΦU	ΦU
First \$100 of Medicare-Approved			
Amounts	\$ 0	\$ 0	\$100 (Part B Deductible)
Remainder of Medicare-Approved	Ψ 0	Ψ	\$100 (Tart B Beddenble)
Amounts	80%	20%	\$ 0

PLAN D

MEDICARE (PARTS A & B) - CONTINUED

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
	PARTS A & B (cont	'd.)	
HOME HEALTH CARE - (cont'd)			
AT-HOME RECOVERY SERVICES - NOT			
COVERED BY MEDICARE			
Home care certified by your doctor, for			
personal care during recovery from an			
injury or sickness for which Medicare			
approved a Home Care Treatment Plan			
- Benefit for each visit	\$ 0	Actual Charges to \$40 a visit	Balance
- Number of visits covered (must			
be received within 8 weeks of			
last Medicare-Approved visit)	\$ 0	Up to the number of	
••		Medicare-Approved vis	sits,
		not to exceed 7 each we	eek
- Calendar year maximum	\$ 0	\$1,600	

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$ 0 \$ 0	\$ 0 80% to a lifetime	\$250 20% and amounts over the
Remainder of Charges	φυ	maximum benefit of \$50,000	\$50,000 lifetime maximum

PLAN E

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and supplies			
First 60 days	All but \$[764]	\$[764] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[191] a day	\$[191] a day	\$ 0
91st day and after;			
 While using 60 lifetime reserve days 	All but \$[382] a day	\$[382] a day	\$ 0
 Once lifetime reserve days are used: 			
- Additional 365 days	\$ 0	100% of Medicare eligible expenses	\$ 0
- Beyond the additional 365 days	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[95.50] a day \$ 0	\$ 0 Up to \$[95.50] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD			
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

 $\label{eq:plane} \mbox{PLAN E}$ $\mbox{MEDICARE (PART B) - MEDICAL SERVICES - PER BENEFIT PERIOD}$

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

have been met for the calendar year.			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES—IN OR OUT OF THE			
HOSPITAL AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's services, inpatient			
and outpatient medical and surgical services and			
supplies, physical and speech therapy, diagnostic tests,			
durable medical equipment,			
First \$100 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$100 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$ 0
Part B Excess Charges (Above			
Medicare-Approved Amounts)	\$ 0	\$ 0	All costs
BLOOD			
First 3 pints	\$ 0	All costs	\$ 0
Next \$100 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$100 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$ O
CLINICAL LABORATORY SERVICES - BLOOD			
TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A & B		
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and			
medical supplies	100%	\$ 0	\$ 0
- Durable medical equipment			
First \$100 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$100 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$ O

PLAN E

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL—NOT COVERED BY			
MEDICARE			
Medically necessary emergency care services			
beginning during the first 60 days of each trip			
outside the USA			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Remainder of Charges	\$ 0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
*PREVENTIVE MEDICAL CARE BENEFIT—			
NOT COVERED BY MEDICARE			
Some annual physical and preventive tests and			
services such as: digital rectal exam, hearing			
screening, dipstick urinalysis, diabetes screening,			
thyroid function test, tetanus and diphtheria booster			
and education, administered or ordered by your doctor			
when not covered by Medicare			
First \$120 each calendar year	\$ 0	\$120	\$ 0
Additional charges	\$ 0	\$ 0	All costs

^{*}Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

 $\label{eq:planf} \mbox{\sc planf}$ $\mbox{\sc medicare}$ (part a) - Hospital Services - Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$[736] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:			
- While using 60 lifetime reserve days	All but \$[368] a day	\$[368] a day	\$ 0
- Once lifetime reserve days are used:			* •
- Additional 365 days	\$ 0	100% of Medicare Eligible Expenses	\$ 0
- Beyond the Additional 365 days	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[92] a day \$ 0	\$ 0 Up to \$[92] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD			
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

 $\label{eq:planf} \mbox{\sc PLAN F}$ $\mbox{\sc MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR}$

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY	
MEDICAL EXPENSES - IN OR OUT OF THE				
HOSPITAL AND OUTPATIENT HOSPITAL				
TREATMENT, such as physician's services, inpatient				
and outpatient medical and surgical services and				
supplies, physical and speech therapy, diagnostic tests,				
durable medical equipment,				
First \$100 of Medicare-Approved Amounts	\$ 0	\$100 (Part B Deductible)	\$ 0	
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$ 0	
Part B Excess Charges (Above Medicare-				
Approved Amounts)	\$ 0	100%	\$ 0	
BLOOD				
First 3 pints	\$ 0	All Costs	\$ 0	
Next \$100 of Medicare-Approved Amounts*	\$ 0	\$100 (Part B Deductible)	\$ 0	
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0	
CLINICAL LABORATORY SERVICES - BLOOD				
TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0	
	PARTS A	A & B		
HOME HEALTH CARE				
MEDICARE-APPROVED SERVICES				
 Medically necessary skilled care services and 				
medical supplies	100%	\$ 0	\$ 0	
 Durable medical equipment 				
First \$100 of Medicare-Approved Amounts	\$ 0	\$100 (Part B Deductible)	\$ 0	
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0	

PLAN F
OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Remainder of Charges	\$ 0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

^{**}This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year [\$1500] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are [\$1500]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500	IN ADDITION TO \$1500	
		DEDUCTIBLE,** PLAN PAYS	DEDUCTIBLE,** YOU PAY	
HOSPITALIZATION*				
Semiprivate room and board, general nursing and				
miscellaneous services and supplies				
First 60 days	All but \$[764]	\$[764] (Part A deductible)	\$ 0	
61st thru 90th day	All but \$[191] a day	\$[191] a day	\$ 0	
91st day and after:				
- While using 60 lifetime reserve days	All but \$[382] a day	\$[382] a day	\$ 0	
- Once lifetime reserve days are used:	.	1000/ 634 1 1 11	. 0	
Additional 365 days Beyond the additional 365 days	\$ 0 \$ 0	100% of Medicare eligible expenses \$ 0	\$ 0 All costs	
	ΨΟ	ψ 0	All costs	
SKILLED NURSING FACILITY CARE*				
You must meet Medicare's requirements,				
including having been in a hospital for at least 3				
days and entered a Medicare-approved facility within 30 days after leaving the hospital				
First 20 days	All approved amounts	\$ 0	\$ 0	
21st thru 100th day	All but \$[95.50] a day	Up to \$[95.50] a day	\$ 0	
101st day and after	\$ 0	\$ 0	All costs	
	Ψ 0	Ψ	7 Hi Costs	
BLOOD	\$ 0	2 mints	\$ 0	
First 3 pints Additional amounts	100%	3 pints \$ 0	\$ 0 \$ 0	
	100%	\$0	\$0	
HOSPICE CARE				
Available as long as your doctor certifies you	All but very limited	\$ 0	Balance	
are terminally ill and you elect to receive these	coinsurance for outpatient			
services	drugs and inpatient respite			
	care			

^{*}A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

^{**} This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year [\$1500] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are [\$1500]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE.** PLAN PAYS	IN ADDITION TO \$1500 DEDUCTIBLE,** YOU PAY
		DEDUCTIBLE, TEANTAIS	DEDUCTIBLE, 100 IAI
MEDICAL EXPENSES—IN OR OUT OF THE			
HOSPITAL AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's services, inpatient			
and outpatient medical and surgical services and			
supplies, physical and speech therapy, diagnostic tests,			
durable medical equipment,	4.0	6400 (D D. 1. 1	
First \$100 of Medicare-Approved Amounts*	\$ 0	\$100 (Part B deductible)	\$ 0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$ 0
Part B Excess Charges (Above Medicare- Approved Amounts)	\$ 0	100%	\$ 0
Approved Amounts)	\$ U	100%	\$ U
BLOOD			
First 3 pints	\$ 0	All costs	\$ 0
Next \$100 of Medicare-Approved Amounts*	\$ 0	\$100 (Part B deductible)	\$ 0
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
CLINICAL LABORATORY SERVICES—BLOOD			
TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A	& B	
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and			
medical supplies	100%	\$ 0	\$ 0
- Durable medical equipment			
First \$100 of Medicare-Approved Amounts*	\$ 0	\$100 (Part B deductible)	\$ 0
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$1500 DEDUCTIBLE,** YOU PAY
FOREIGN TRAVEL—NOT COVERED BY MEDICARE			
Medically necessary emergency care services			
beginning during the first 60 days of each trip			
outside the USA			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Remainder of Charges	\$ 0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

 $\label{eq:plang} \mbox{PLAN G}$ $\mbox{MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD}$

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$[736] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:			
 While using 60 lifetime reserve days 	All but \$[368] a day	\$[368] a day	\$ 0
 Once lifetime reserve days are used: 			
 Additional 365 days 	\$ 0	100% of Medicare	\$ 0
		Eligible Expenses	
 Beyond the Additional 365 days 	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[92] a day \$ 0	\$ 0 Up to \$[92] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD			
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ O	\$ 0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

PLAN G

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare- Approved Amounts)	\$ 0 Generally 80% \$ 0	\$ 0 Generally 20% 80%	\$100 (Part B Deductible) \$ 0 20%
BLOOD First 3 pints	\$ 0	All Costs	\$ 0
Next \$100 of Medicare-Approved Amounts*	\$ 0 \$ 0	\$ 0	\$100 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
CLINICAL LABORATORY SERVICES - BLOOD	1000/	¢ 0	¢ 0
TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A & B		
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically passagery skilled core corplines and			
 Medically necessary skilled care services and medical supplies Durable medical equipment 	100%	\$ 0	\$ 0
First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved	\$ 0	\$ 0	\$100 (Part B Deductible)
Amounts	80%	20%	\$ 0

 $\label{eq:plang} \mbox{\sc plang}$ $\mbox{\sc medicare (parts a \& b) - continued}$

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - (cont'd)			
AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE			
Home care certified by your doctor, for			
personal care during recovery from an			
injury or sickness for which Medicare			
approved a Home Care Treatment Plan			
- Benefit for each visit	\$ 0	Actual Charges to \$40 a visit	Balance
- Number of visits covered (must			
be received within 8 weeks of			
last Medicare-Approved visit)	\$ O	Up to the number of	
		Medicare-Approved visits not to exceed 7 each week	
- Calendar year maximum	\$ 0	\$1,600	
	OTHER BENEFIT	rs	
FOREIGN TRAVEL - NOT COVERED BY			
MEDICARE			
Medically necessary emergency care services			
beginning during the first 60 days of each trip			
outside the USA		* •	***
First \$250 each calendar year	\$ 0	\$ 0	\$250
Remainder of Charges	\$ 0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN H

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$[736] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:			
 While using 60 lifetime reserve days 	All but \$[368] a day	\$[368] a day	\$ 0
 Once lifetime reserve days are used: 			
 Additional 365 days 	\$ 0	100% of Medicare	\$ 0
		Eligible Expenses	
 Beyond the Additional 365 days 	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[92] a day \$ 0	\$ 0 Up to \$[92] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD			* *
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these	All but very limited coinsurance for outpatient	\$ 0	Balance

 $\label{eq:planh} \mbox{PLAN H}$ $\mbox{MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR}$

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare- Approved Amounts)	\$ 0 Generally 80% \$ 0	\$ 0 Generally 20% \$ 0	\$100 (Part B Deductible) \$ 0 All Costs
BLOOD First 3 pints Next \$100 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$ 0 \$ 0 80%	All Costs \$ 0 20%	\$ 0 \$100 (Part B Deductible) \$ 0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A & B		
HOME HEALTH CARE MEDICARE-APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable medical equipment	100%	\$0	\$ 0
First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved	\$ 0	\$ 0	\$100 (Part B Deductible)
Amounts	80%	20%	\$ 0

PLAN H

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY			
MEDICARE			
Medically necessary emergency care services			
beginning during the first 60 days of each trip			
outside the USA			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Remainder of Charges	\$ 0	80% to a lifetime	20% and amounts over the
		maximum benefit of	\$50,000 lifetime maximum
		\$50,000	,,
BASIC OUTPATIENT PRESCRIPTION DR	UGS -		
NOT COVERED BY MEDICARE			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Next \$2,500 each calendar year	\$ 0	50% - \$1,250 calendar	50%
•		year maximum benefit	

 $\label{eq:planification} PLAN\:I$ MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$[736] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:			
 While using 60 lifetime reserve days 	All but \$[368] a day	\$[368] a day	\$ 0
 Once lifetime reserve days are used: 			
- Additional 365 days	\$ 0	100% of Medicare	\$ 0
		Eligible Expenses	
- Beyond the Additional 365 days	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[92] a day \$ 0	\$ 0 Up to \$[92] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD	.	2	Φ.Ο.
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

 $\label{eq:planification} PLAN\,I$ $\mbox{MEDICARE}\,(\mbox{PART}\,\mbox{B})\,\, \cdot\,\, \mbox{MEDICAL}\,\, \mbox{SERVICES}\,\, \cdot\,\, \mbox{PER}\,\, \mbox{CALENDAR}\,\, \mbox{YEAR}$

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare-Approved Amounts)	\$ 0 Generally 80% \$ 0	\$ 0 Generally 20% 100%	\$100 (Part B Deductible) \$ 0 \$ 0
BLOOD	Φ.Ω.	A11.C	Φ.Ω.
First 3 pints	\$ 0	All Costs	\$ 0
Next \$100 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$ 0 80%	\$ 0 20%	\$100 (Part B Deductible) \$0
Remainder of Medicare-Approved Amounts	OU70	2070	φU
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A & B		
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
 Medically necessary skilled care services and medical supplies 	100%	\$ 0	\$ 0
- Durable medical equipment			
First \$100 of Medicare-Approved			4400 (D.) D. D. 1
Amounts	\$ 0	\$ 0	\$100 (Part B Deductible)
Remainder of Medicare-Approved	900/	200/	\$ 0
Amounts	80%	20%	ΦU

PLAN I

MEDICARE (PARTS A & B) - CONTINUED

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - (cont'd)			
AT-HOME RECOVERY SERVICES - NOT			
COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an			
injury or sickness for which Medicare			
approved a Home Care Treatment Plan			
- Benefit for each visit	\$ 0	Actual Charges to \$40 a visit	Balance
- Number of visits covered (must			
be received within 8 weeks of			
last Medicare-Approved visit)	\$ 0	Up to the number of	
		Medicare-Approved visits, not to exceed 7 each week	
- Calendar year maximum	\$ 0	\$1,600	
	OTHER BENEFITS	S	
FOREIGN TRAVEL - NOT COVERED BY			
MEDICARE			
Medically necessary emergency care services			
beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Remainder of Charges	\$ 0 \$ 0	80% to a lifetime	20% and amounts over the
remained of Charges	ΨΟ	maximum benefit of \$50,000	\$50,000 lifetime maximum

OTHER BENEFITS - NOT COVERED BY MEDICARE

PLAN I

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BASIC OUTPATIENT PRESCRIPTION DRUGS - NOT COVERED BY MEDICARE First \$250 each calendar year Next \$2,500 each calendar year	\$ 0 \$ 0	\$ 0 50% - \$1,250 calendar	\$250 50%
Over \$2,500 each calendar year	\$0	year maximum benefit	All costs

 $\label{eq:planj} \mbox{PLAN J}$ $\mbox{MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD}$

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and miscellaneous			
services and supplies			
First 60 days	All but \$[736]	\$[736] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[184] a day	\$[184] a day	\$ 0
91st day and after:			
 While using 60 lifetime reserve days 	All but \$[368] a day	\$[368] a day	\$ 0
 Once lifetime reserve days are used: 			
 Additional 365 days 	\$ 0	100% of Medicare	\$ 0
		Eligible Expenses	
 Beyond the Additional 365 days 	\$ 0	\$ 0	All costs
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[92] a day \$ 0	\$ 0 Up to \$[92] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD			
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ O	\$ 0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

PLAN J

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

^{*} Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare-Approved Amounts Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare-Approved Amounts)	\$ 0 Generally 80% \$ 0	\$100 (Part B Deductible) Generally 20% 100%	\$ 0 \$ 0 \$ 0
BLOOD First 3 pints	\$ 0	All Costs	\$ 0
Next \$100 of Medicare-Approved Amounts*	\$ 0 \$ 0	\$100 (Part B Deductible)	\$ 0 \$ 0
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
CLINICAL LABORATORY SERVICES - BLOOD	1000/		Φ.Ω
TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A & B		
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and	100%	\$ 0	\$ 0
medical supplies - Durable medical equipment	10070	φυ	Φυ
First \$100 of Medicare-Approved			
Amounts	\$ 0	\$100 (Part B Deductible)	\$ 0
Remainder of Medicare-Approved	000/	2004	.
Amounts	80%	20%	\$ 0

PLAN J

MEDICARE (PARTS A & B) - CONTINUED

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - (cont'd) AT-HOME RECOVERY SERVICES - NOT			
COVERED BY MEDICARE			
Home care certified by your doctor, for			
personal care during recovery from an			
injury or sickness for which Medicare			
approved a Home Care Treatment Plan			
- Benefit for each visit	\$ 0	Actual Charges to \$40 a visit	Balance
- Number of visits covered (must			
be received within 8 weeks of	\$ 0	Up to the number of	
last Medicare-Approved visit)		Medicare-Approved visits	
		not to exceed 7 each week	
- Calendar year maximum	\$ 0	\$1,600	
	OTHER BENEFIT	rs .	
FOREIGN TRAVEL - NOT COVERED BY			
MEDICARE			
Medically necessary emergency care services			
beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Remainder of Charges	\$0	80% to a lifetime	20% and amounts over the
remander of charges	Ψ	maximum benefit of \$50,000	\$50,000 lifetime maximum

PLAN J

OTHER BENEFITS (cont'd.)

EXTENDED OUTPATIENT PRESCRIPTION			
DRUGS - NOT COVERED BY MEDICARE First \$250 each calendar year	\$ 0	\$ 0	\$250
Next \$6,000 each calendar year	\$ 0 \$ 0	50% - \$3,000 calendar	50%
Next \$0,000 each calcular year	ΨΟ	year maximum benefit	3070
Over \$2,500 each calendar year	\$ 0	\$ 0	All costs
as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diptheria booster and education, administered or ordered by your doctor when not			
covered by Medicare First \$120 each calendar year	\$ 0	\$120	\$0

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year [\$1500] deductible. Benefits from high deductible Plan J will not begin until out-of-pocket expenses are [\$1500]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate prescription drug deductible or the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$1500 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and			
miscellaneous services and supplies			
First 60 days	All but \$[764]	\$[764] (Part A deductible)	\$ 0
61st thru 90th day	All but \$[191] a day	\$[191] a day	\$ 0
91st day and after:			
 While using 60 lifetime reserve days 	All but \$[382] a day	\$[382] a day	\$ 0
 Once lifetime reserve days are used: 			
Additional 365 days	\$ 0	100% of Medicare eligible expenses	\$ 0
Beyond the additional 365 days	\$ 0	\$ 0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$[95.50] a day \$ 0	\$ 0 Up to \$[95.50] a day \$ 0	\$ 0 \$ 0 All costs
BLOOD	Φ.0	2.1.	Φ.0
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$ 0	Balance

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year [\$1500] deductible. Benefits from high deductible Plan J will not begin until out-of-pocket expenses are [\$1500]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate prescription drug deductible or the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$1500 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First \$100 of Medicare-Approved Amounts*	\$ 0	\$100 (Part B deductible)	\$ 0
Remainder of Medicare-Approved Amounts Part B Excess Charges (Above Medicare-	Generally 80%	Generally 20%	\$ 0
Approved Amounts)	\$ 0	100%	\$ 0
BLOOD			
First 3 pints	\$ 0	All costs	\$ 0
Next \$100 of Medicare-Approved Amounts*	\$ 0	\$100 (Part B deductible)	\$ 0
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
CLINICAL LABORATORY SERVICES—BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
	PARTS A & B		
HOME HEALTH CARE MEDICARE-APPROVED SERVICES - Medically necessary skilled care services and			
medical supplies - Durable medical equipment	100%	\$ 0	\$ 0
First \$100 of Medicare-Approved Amounts*	\$ 0	\$100 (Part B deductible)	\$ 0
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500	IN ADDITION TO \$1500
		DEDUCTIBLE,** PLAN PAYS	DEDUCTIBLE,** YOU PAY
HOME HEALTH CARE (cont'd)			
AT-HOME RECOVERY SERVICES—NOT			
COVERED BY MEDICARE			
Home care certified by your doctor, for personal care			
during recovery from an injury or sickness for which			
Medicare approved a Home Care Treatment Plan	* 0		
- Benefit for each visit	\$ 0	Actual charges to \$40 a visit	
- Number of visits covered (Must be received	\$ 0	Up to the number of Medicare-	
within 8 weeks of last Medicare-Approved		Approved visits, not to exeed 7 each	
visit)		week	
- Calendar year maximum	\$ 0	\$1,600	
FOREIGN TRAVEL—NOT COVERED BY			
MEDICARE			
Medically necessary emergency care services			
beginning during the first 60 days of each trip			
outside the USA			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Remainder of Charges	\$ 0	80% to a lifetime maximum	20% and amounts over the
		benefit of \$50,000	\$50,000 lifetime maximum
EXTENDED OUTPATIENT PRESCRIPTION			
DRUGS—NOT COVERED BY MEDICARE			
First \$250 each calendar year	\$ 0	\$ 0	\$250
Next \$6,000 each calendar year	\$ 0	50%—\$3,000 calendar year	50%
·		maximum benefit	
Over \$6,000 each calendar year	\$ 0	\$ 0	All costs

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$1500 DEDUCTIBLE,** YOU PAY
***PREVENTIVE MEDICAL CARE BENEFIT— NOT COVERED BY MEDICARE Some annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare		0100	
First \$150 each calendar year Additional charges	\$ 0 \$ 0	\$120 \$ 0	\$ 0 All costs

^{***}Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.